

Don't believe me, talk to the generals who have been there, who now are risking their reputations by being willing to speak out now on behalf of the troops who can't speak, who can't tell us these facts.

There is an old saying, "A lie travels halfway around the world before the truth gets its shoes on." But finally the truth is getting fully dressed. We need the truth and the facts to understand what this country confronts. This country has great capabilities. We should be one nation indivisible. We are not these days. There is too much shouting. There are too many slogans like cut and run.

We should be one nation as we confront this terrorism that threatens our country. We should be one nation as we search for ways to deal with the conflict in Iraq and to protect American soldiers who are there on behalf of their country.

Most importantly, we need to be tough and smart as we take on these challenges. This is a new war, a different war, the war against terrorism and the circumstances that our troops find themselves in, in Iraq, fighting a war against an insurgency that doesn't wear uniforms. This requires us to be smart and tough, requires us to change tactics and strategy when necessary and to have a national discussion about how we succeed as a country.

Yet this President will hear none of it. He will not hear and he will not listen. He is content to go to Alabama and say that those who openly question anything he does are people who suggest we should cut and run. I regret that.

What we need to do, it seems to me, is to accept advice from some of the best minds in this country. Bring people together, Republicans and Democrats, conservatives and liberals, academics and others, bring them together and let's get the best of what everyone has to offer instead of the worst of each.

Let's bring people together in this country. Let's stop this nonsense, one side is coddling terrorists, one side wants to cut and run. That is a play-book we have heard before. It is tired. It is limp. It makes no sense. It divides this country.

I ask the President, the Speaker of the House, the majority leader of the House and others, stop this sort of thing. Let's join together and work together to find ways to solve problems; to, as I said, be smart and tough in ways to defeat terrorists, take on these terrorists as one nation.

If I sound upset by what I read in the paper today, I am. I don't think it is worthy of the kind of debate we ought to experience in this country.

We have seen it twice leading up to the last two elections. We saw the fellow who lay on a battlefield losing one arm and two legs bleeding for his country. We saw him tarnished in television commercials. Political commercials equated him with Osama bin Laden,

questioning his courage and commitment to his country. It made a lot of people sick to see that sort of thing.

Maybe we can have a national debate that elevates the discussion of this country a bit. Maybe we can have a national debate that sets a little higher tone. I hope so. We can agree that this country is in a tough fight, one we need to win. We will not win this fight if we have these kind of political tactics continued again, one more time, the next 30 days before the election, the third election in a row questioning someone's patriotism, questioning someone's commitment to their country.

They did that even with the generals. The general, the two-star general who refused a third star and resigned instead, who commanded the first infantry division in Iraq, had his commitment to his country questioned. Why? Because he had the temerity to speak out, to say, "I was there. I was leading my troops, I was asking for more troops and I was turned down." People need to know that.

We shouldn't be questioning the motives or patriotism of people who have committed themselves to their country, who have dedicated their lives to their country, our country.

Let's elevate this debate. Let's come together. Let's act as one America. And let's fight these terrorist groups. Let's succeed and prevail, together.

Yes, let's find a way to accomplish our objectives in Iraq. Let's do that. If it takes more troops, let's do that. If it takes a different strategy, if it takes changing the course, let's do that.

But let's do it together. Let's not get on Air Force One and go to a State six or eight States away and suggest that your political adversaries want to cut and run. That hardly serves thoughtful debate in this country. This country deserves better. Democrats and Republicans need to come together and speak out and speak up for the interests of this country.

But, to do that, we have to listen to each other. We have to listen to people like the generals. We have to listen to people who might disagree with us. We can't be stubborn. That's the only way, together, we will win against the terrorists.

I yield the floor.

The PRESIDING OFFICER. The Senator from New York is recognized, under the previous order, for 15 minutes.

Mrs. CLINTON. Thank you, Mr. President.

RYAN WHITE CARE ACT

Mrs. CLINTON. In 1990, Congress enacted a law that has been a vital part of our national strategy to fight AIDS and HIV, the Ryan White CARE Act, which directs support and resources to the people and places most in need throughout our Nation.

It was an incredible act of compassion, smart decisionmaking, and bipar-

tisanship. Members in this Chamber put aside politics, recognized the seriousness of the crisis, and took action.

How far we have come. Unfortunately, though, the recent debate around the Ryan White CARE Act has been marred by misconceptions and mired in politics. It is time to set the record straight.

First, some of my colleagues have alleged that New York receives more funding per case than the national average, suggesting that New York is somehow getting more than its fair share. But the numbers I heard being used on the Senate floor yesterday only represented part of the funding under the Ryan White CARE Act, skewing the data to make a political point.

When you look at the whole picture and see the funding under the whole bill, the story is very different.

According to an analysis prepared by the Communities Advocating for Emergency AIDS Relief Coalition, the CAEAR Coalition—as seen on this chart—the national per case allocation for people with AIDS is \$4,745.

Here is the State-by-State breakdown. New York is by no means at the top. This analysis does not even account for the higher cost of living and treatment in my State.

Some of my colleagues have cried foul saying they get far less per person with AIDS than New York. I heard my friends and colleagues from Wyoming and Alabama making that point. But here are the facts, and they say otherwise.

When you look at all of the titles under the Ryan White CARE Act, Wyoming and Alabama actually receive more per person with AIDS than New York and more than the national average. The difference between Oklahoma and New York is about \$100 per person living with AIDS. And, again, these numbers do not account for differences in costs.

Second, there are those making misleading statements about my State, that we misuse funding, or do not use the funding we receive, claims that are simply not true. Some have even asserted that New York has allowed dog walking to count under the CARE Act.

Well, let me set the record straight. New York is not using Federal dollars for such services. And to point fingers and make such outlandish assertions impugn my State and is profoundly unfair to the thousands of New Yorkers who rely each and every day on the CARE Act for treatment and needed services.

New York has been audited by the HHS—the Health and Human Services—inspector general. They said New York complies with all requirements and is not mispending or mismanaging its funds.

Another specious claim is that New York is somehow not even using the funds we receive, that we retain surpluses every year. Well, being fiscally responsible is good management.

In New York, a tiny percentage of unspent funds is carried from one year to the next. This year, New York carried about \$3 million over, representing about 3 days' worth of expenses. That is exactly what I want States to do—manage resources wisely and avoid interruptions in care or create waiting lists. I don't believe sound fiscal management is something to denigrate.

Third, we are having a debate now over a shrinking pot of funding, at a time when I absolutely agree that more and more States have greater and greater needs. But to argue about the formula instead of arguing about the program and what it needs to be funded appropriately seems like a diversion. We are having a formula fight when we should be focused on fixing our strategy and strengthening our funding to meet the growing challenge and crisis of HIV/AIDS in America. That is the real debate we should be having on the floor of the Senate.

Here is a chart that shows the increase of people living with HIV/AIDS in the United States. That is this red line here. It shows the decline in funding for title I of the CARE Act. So you can see the disparity. I have a great deal of sympathy for my friends from States that are just realizing the full extent of the AIDS crisis in their communities, who are deeply concerned by the fast-growing number of such cases among poor women and among our African-American and Hispanic populations. But here is part of the reason we are in this dilemma. Here is the number of AIDS cases, and here is the amount of funding available to deal with them.

Instead of honoring our moral obligation, instead of strengthening our efforts as the epidemic continues to grow, State and local agencies and community groups have been forced to do more with less. This is especially true in New York, the State that has been hardest hit by the AIDS epidemic. Back in the 1980s and 1990s, people were moving from other States to be able to come to New York, where they thought somebody would care enough to try to take care of them. And New York still leads the Nation in both the number of overall HIV/AIDS cases as well as the number of new HIV infections each year.

What is this fight about? Well, I will tell you. New York stands to lose more than \$78 million in funding over the next 5 years. We would see New York City alone lose \$17 million next year. But we know who would really lose—the patients whose health and lives are on the line.

With the exception of the AIDS Drug Assistance Program—which still doesn't go nearly far enough, given the long waiting list for the poorest and sickest of those who cannot afford the drugs they need to stay healthy and alive—the CARE Act has been cut over the past 3 years, even as costs and the number of people with the virus have risen, adding to the pressure on New

York, New Jersey, and other States with higher costs of living and the largest numbers of people living with HIV/AIDS.

In addition, the Ryan White CARE Act is the payer of last resort; it is the safety net for the safety net. And this Congress and the administration have spent years trying to cut big holes in both. In fact, the CARE Act is only part of the strategy against this terrible disease. The Medicaid Program serves nearly half of those living with HIV/AIDS in America. This Republican Congress and the Republican administration have tried time and time again to cut Medicaid and have succeeded in passing drastic reductions.

I have introduced bipartisan legislation with my colleague, Senator GORDON SMITH, the Early Treatment for HIV Act. This legislation would provide Federal funding to extend Medicaid eligibility to low-income Americans living with HIV before they develop symptoms, allowing them to access life-extending medical services.

There are those suggesting that somehow the epidemic has changed, trying to pit one part of the country against another, trying once again to divide us. My Republican colleagues have told me there is not enough money to prevent cutbacks for New York and other States that lose under this proposed formula. Nine States, plus Puerto Rico, lose, and every other State makes gains. So, in effect, you want to take money away from my 100,000 people living with HIV/AIDS and give it to worthy people in other parts of the country because this administration and this Congress won't put more money into funding treatment programs for HIV/AIDS.

My colleagues on the other side still refuse to provide us with a guarantee—at a time when the epidemic continues to grow—that New York and other States facing losses will not lose out, a guarantee meant to make sure people dying with AIDS have the treatment they need.

The White House and Republican leadership in the Congress are cynically pressuring many of my colleagues that if they don't reauthorize the bill this year, they will face cuts in funding next year. But approving a fundamentally flawed bill, under pressure, that will end up hurting people living with HIV/AIDS is the wrong thing to do. We should be working to strengthen the CARE Act for everyone.

I will also address the question of the expanding epidemic. There is no doubt that it is growing—40,000 new HIV infections occur every year in the United States, and they have a disproportionate impact on people of color. In my State, African Americans account for 45 percent of the total population living with HIV/AIDS, while Hispanics account for an additional 29 percent of the cases. But this bill cuts funding for both of them. Groups such as the National Minority AIDS Council, the Hispanic Federation, and the Latino Com-

mission on AIDS have expressed concern over these cuts which would limit access to care for far too many people of color and people of modest, limited means.

We are also seeing the infection rate rising among women. In New York alone, over 30,000 women are living with HIV/AIDS. Women would also be shortchanged under the latest version of the CARE Act. Indeed, the version of the bill my colleagues want to bring up would flat-fund what is called title IV—the very program designed to address the needs of women, infants, and children, the populations so many have come to this floor and spoken about so eloquently.

Let's put our money where our mouth is. Let's put money into this program so we are not picking between a poor African American in New York City and a poor African-American woman in Alabama.

The epidemic is spreading. When people talk about the South, they are talking not only about Alabama and North Carolina but Washington, DC, Texas, Florida, and Maryland, which are the places that have been the hardest hit by this epidemic. Texas and Florida alone account for about 20 percent of people living with AIDS. Yet Florida, too, would lose money under this proposal.

If we decide to meet the growing AIDS epidemic in our Nation, I hope we can look at the facts about how the program works now and try to come to a bipartisan solution that covers the entire country's needs and leads to a real solution, not a political one. We know there are solutions. Those of us representing the States that are going to be giving up money so money can be shifted to take care of other people who are worthy and deserve help have proposed solutions.

This is not about politics. This is about how we help people. My colleagues from New York, New Jersey, Illinois, and Florida have proposed a 1-year extension for the Ryan White CARE Act. So let's extend it for a year and figure out how we can fix it. I think we could raise the authorization levels across the titles by 3.7 percent and set up a grant program to address unmet needs of States that do not receive title I funding in order to address the challenge in rural areas where HIV incidence has also increased. Our proposal would delay penalties for those who cannot meet the HIV reporting requirements and give them time to come into compliance with the CDC.

As a Senator from New York, which has experienced the heaviest burden of the AIDS epidemic, I don't think anyone cares more about this legislation. I understand completely the profound importance of the Ryan White CARE Act. I am committed to the reauthorization of a good bill that strengthens and improves the ability of all Americans to access HIV/AIDS care, support, and treatment. But a bill that destabilizes existing systems of care and

devastates, even destroys, the ability of high-prevalence communities to address needs is unacceptable.

I stand ready to work with my colleagues on a fair, openminded, non-partisan, practical solution—in the spirit of the original bill that brought people together to develop a strategy to combat this horrible epidemic that has caused so much death and destruction, destroyed so many lives, created such a challenge to our health care system and our basic values.

Mr. President, we can do this if we really want to. All it takes is narrowing the gap between these two lines on the chart—HIV/AIDS cases and the amount of funding available. Some of the priorities on which we are asked to vote in this Chamber certainly don't reflect the pressing needs I have heard described in this Chamber. I hope we can come up with a real solution for the Ryan White CARE Act.

The PRESIDING OFFICER. The Senator from Rhode Island is recognized.

BREAST CANCER AND ENVIRONMENTAL RESEARCH ACT

Mr. CHAFEE. Mr. President, I rise today to speak about a disease that has touched many American families. Breast cancer is the second leading cause of cancer deaths among American women. More women are living with breast cancer than any other cancer.

Three million women are living with breast cancer in the United States, 2 million of which have been diagnosed and 1 million who don't know they have the disease. Over 40,000 women will have died from breast cancer this year alone. It is the leading cause of cancer deaths among women between the ages of 20 and 59.

What is the Senate doing about breast cancer? Some of you may know that I have a bill, S. 757, the Breast Cancer and Environmental Research Act. This bill was first introduced on March 23, 2000, in the 106th Congress. Since that time, the bill has been introduced in the 107th Congress, where it had 44 bipartisan cosponsors and was on the verge of being included in the Women's Health Act of 2002 when negotiations broke down. In the 108th Congress, the bill again had tremendous bipartisan support, with 60 cosponsors. But again we did not act on the bill, which brings me to the current situation in the 109th Congress.

The bill now has 66 bipartisan cosponsors in the Senate and 255 cosponsors in the House. Thanks to the support and leadership of Chairman MICHAEL ENZI of the HELP Committee, this bill was reported unanimously by the committee on July 24, 2006. The bill was hotlined for floor consideration before the August recess, but it has not received Senate passage.

We as a Senate are denying millions of American women diagnosed with breast cancer the answers that might lead to a better understanding and perhaps a cure to this disease.

How can a bill with 66 cosponsors that was reported unanimously by the HELP Committee not be taken up and approved by the Senate?

This bill provides a targeted strategy and a long-term research investment needed to explore the links between the environment and breast cancer. Millions of women who are afflicted with breast cancer deserve the answers this legislation could yield.

I urge my colleagues to work with me to remove any obstacles and secure passage of the Breast Cancer and Environmental Research Act.

I yield the floor.

The PRESIDING OFFICER. The Senator from New York is recognized.

UNANIMOUS CONSENT REQUEST—S. 757

Mrs. CLINTON. Mr. President, will the Senator from Rhode Island, with whom I agree 100 percent, join me in a unanimous-consent request to pass this bill right now?

Mr. President, I ask unanimous consent that we pass S. 757, the Breast Cancer Environmental Research Act of 2006.

The PRESIDING OFFICER. On behalf of another Senator, in my personal capacity as a Senator from the State of Louisiana, I object.

There is objection heard.

Mrs. CLINTON. Mr. President, I join my colleague in expressing great regret that once again the women of America have been blocked from having the additional help that this bill would provide. I applaud those of us who have tried on a bipartisan basis to pass this very important bill to increase research between the possible links of breast cancer and the environment and to include peer review grant programs within the National Institutes of Health and make sure that consumers and researchers and victims of breast cancer are part of determining how we spend money in order to try to prevent, treat, cure, and ultimately abolish the horrible disease of breast cancer.

I yield the floor.

The PRESIDING OFFICER. Who yields time? The Senator from Arizona is recognized. Under the previous agreement, the Senator is recognized for 15 minutes.

BORDER SECURITY

Mr. KYL. Mr. President, I shall not take that much time, but I do think it is important to speak to the issue before us, which is adoption of the House bill which takes another step toward securing our border. This is something the American people have been wanting us to do for a long time.

What we will also be doing today, in fact, some of our actions in the past weeks have also supplemented, is to pass the money, the appropriations bills that we need to fund all of the things that we need to be doing to secure the borders. I will speak to both of those items.

The key to the House bill is to state a commitment that we are going to put the kind of infrastructure on the border that we need to secure the border. It starts with fencing, but it doesn't end with fencing. It includes vehicle barriers because much of the illegal entry into the United States now is accomplished by vehicles. It includes technology, such as cameras and sensors and other means of identifying people who are crossing our border illegally.

Some people say that we don't need a fence or these infrastructure barriers because someday we are going to adopt comprehensive immigration reform, and when we take away the magnet of illegal employment, then we are not going to have the problem anymore. That is my fervent hope with respect to the people who cross the border to gain employment here. But the sad reality is that even if we solve that problem—and we haven't gotten very far down the road because we haven't adopted comprehensive immigration reform yet—even if we were to accomplish that in the future, we still have a very high percentage of people coming across the border whom we don't want here no matter what.

What am I speaking of? I am speaking of drug dealers, drug cartel members, gang members, and criminals, people wanted for crime, people who have committed crime, much of it very serious crime. As a matter of fact, before the subcommittee I chair on terrorism and homeland security, the head of the Border Patrol testified a few months ago that over 10 percent of the people apprehended for crossing our border illegally have criminal records, and many of these are serious criminal records.

In fact, the statistics for this fiscal year, which is almost over, show that the percentage is closer to about 13 to 14 percent, and of those a significant number have committed serious crimes.

Here are the statistics year to date: Over 1 million illegal immigrants have been apprehended on the southwest border. Of that number, almost half have come through Arizona, the Yuma and Tucson sectors, so far about 475,000. And of the illegal immigrants apprehended crossing our border to date in this fiscal year, 141,000-plus have criminal histories. Of that number, well over 20,000 are considered to have committed major crimes such as homicide, kidnapping, sexual assault, robbery, assault, dealing in dangerous drugs, and the like.

A fence, barriers to illegal entry into this country are important not just to ensure that we enforce our laws with respect to employment but to keep out people who would do our citizens harm. The papers in my State are full of stories every week of people who came to this country illegally and then committed crimes on citizens of the United States and on other illegal immigrants. It is not at all uncommon to see stories